

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/069113

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED			AFTER 2nd AMENDMENT	
	IND.	DEP.		IND.	DEP.
1	/		/		
2		/	/		
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TOTAL IND.	1		1		
TOTAL DEP.		17			17
TOTAL CLAIMS	1	17	1		17

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY